

State of Connecticut Department of Public Safety Division of State Police

DPS-90-C (Rev. 04/'03)	RIMIN	IAL INFO	RMATION	SUMMARY		ADDITION	NAL PAGES
TROOP / UNIT: WDMC	OT	HER INVOLVE	ED AGENCY:	NO ☐ YES,			
/13/2004 1600 Det.	Edwards	TROOPER / OF	FICER:	DPS CASE NUMBER: DPS-04-056828			
LOCATION OF INCIDENT (STREET NAME A Naugatuck	ND CITY/T	OWN ONLY):					
SUMMARY OF INCIDENT OR AFFIDAVIT:   ARREST MADE UNDER INVESTIGATION							
Suspect was arrested for extortion as a result of investigation. Investigation is ongoing.							
VICTIM:(DO NOT IDENTIFY ANY JUVENILE I	BY NAME O	R'ADDRESS - IF JU	VENILE, WRITE "J	UVENILE" IN THE NAME F	IELD &	"AGE" IN D	OB FIELD)
NAME / BUSINESS / AGENCY: M	F ADD	RESS: (TOWN/CIT	Y&STATE ONLY)			NILE: ] YES	INJURED:
			30			GE:	□ VES
NAME / BUSINESS / AGENCY:	F ADD	RESS: (TOWN/CIT	Y&STATE ONLY)			NILE: YES	INJURED:
					AC	GE:	□ NO
NAME / BUSINESS / AGENCY: M	F ADD	RESS: (TOWN/CIT	Y&STATE ONLY)		1000	NILE:	INJURED:
					AC	YES E:	□ NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENIL NAME:		OR ADDRESS- 11 DOB:	ADDRESS:	"JUVENILE" IN THE NAME	E FIELD	& "AGE" II	V DOB FIELD)
Mary Smith	n Mr	09/03/1955		St. Ansonia, CT			
CHARGES:	COURT:		BOND:	, , , , , , , , , , , , , , , , , , , ,		INJURE	D:
1.Larceny 1st/extortion	GA: 4		CASH	☐ YES ☐ N		□ NO	
2.			MOUNT S: 150000		AMBULANCE:  YES NO		
3.	TOWN:	Waterbury	☐ TO BE PRES	SENTED AT COURT	essential	HOSPIT	
	DATE: 1	1/15/2004	☐ TRANS TO	DEPT OF CORRECTION	S @:		
NAME:	1  F	DOB:	ADDRESS:				
CHARGES:	COURT: GA:		BOND:	☐ SURETY	- 8	INJURE	
1. 2.	GA:		NON-SURET			AMBUL	NO ANCE:
3.	TOWN:		AMOUNT 5:	ENTED AT COURT		HOSPIT.	NO NO
4.	DATE:			DEPT OF CORRECTION	S @:	1103111	101
NAME:	1   F	DOB:	ADDRESS:				
LIGHT.		008,	ADDRESS:				
CHARGES:	COURT:		BOND:			INJURE	D:
1.	GA:		☐ CASH ☐ NON-SURET	CASH SURETY WPTA		AMBULANCE:	
2. 3.	TOWN:		AMOUNT \$:		☐ YES ☐ NO		
4.	DATE.		☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTION		S@:	HOSPITA	AL
	DATE:				~		
NAME:	I 🗆 F	DOB;	ADDRESS:				
CHARGES:	COURT:		BOND:			INJUREI	
1.	GA:		☐ CASH ☐ NON-SURET	Y SURETY WPTA	1	AMBUL.	NO NO
2. 3.	TOWN:		AMOUNT 5:	_		YES	□ NO
4.	DATE			ENTED AT COURT EPT OF CORRECTIONS	5@:	HOSPITA	AL:
	DATE:						
"UPERVISOR'S APPROVAL REQUIRED:	INITIAL	S: PC	ID#:	JAY BA	ΓΕ: 11	/14/2004	
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.							
PHONE: 860-685-8230 FAX: 860-685-8301 TO BE							

.... AM. 22. B. . . .